



THRIFT SAVINGS PLAN

CHANGE OF ADDRESS FOR SEPARATED PARTICIPANTS

TSP-9

If you are no longer employed by the Federal Government, use this form to notify the Thrift Savings Plan Service Office of a change in your address. **Note:** Active employees can only change their addresses for their TSP accounts through their employing agencies. They should **not** submit this form.

Type or print the information requested so that your TSP account records can be updated accurately and you will continue to receive important information about your account. Mail this form to:

Thrift Savings Plan Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500

I. INFORMATION ABOUT YOU

You must provide your name, Social Security number, and date of birth to identify your account.

1. Name _____
Last First Middle

2. Social Security No. _____ — _____ — _____ 3. Date of Birth _____ / _____ / _____
Month Day Year

II. CHANGE TO BE MADE

4. Your New Address _____
Street address or box number

5. City _____ 6. _____ 7. _____
State/Country Zip Code

8. Daytime Phone (Area Code and Number) (_____) _____ — _____

III. YOUR SIGNATURE

You must sign and date this form.

9. _____ 10. _____
Participant's Signature Date Signed

PRIVACY ACT NOTICE. We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you give us to update your address for the TSP. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with the Parent

Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible for the TSP Service Office to correspond with you if you do not give us this information.